2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N08000005063

Entity Name: HEART OF CHRIST MINISTRIES OF GROVELAND, INC.

Current Principal Place of Business:

20180 US HWY 27
GROVELAND, FL 34736

New Principal Place of Business:

20180 US HWY 27
SUITE 301
CLERMONT, FL 34715

Current Mailing Address:

20180 US HWY 27
GROVELAND, FL 34736

New Mailing Address:

20180 US HWY 27
SUITE 301
CLERMONT, FL 34715

FEI Number: 26-2510794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STOKES, BERYL N. III
1322 BOWMAN ST.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ANDERSON, LILLIAN D.
Address: 23020 SR 19
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: DV ( ) Delete
Name: DAVIS, JAMES H.
Address: PO BOX 835
City-St-Zip: GROVELAND, FL 34736

Title: DV ( ) Delete
Name: SHANNON, RANDALL E.
Address: 2420 FOREST LANE
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: ANDERSON, LARRY D.
Address: 23020 STATE ROAD 19
City-St-Zip: HOWEY IN THE HILLS, FL 34737

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN ANDERSON DP 03/28/2009

Electronic Signature of Signing Officer or Director — Date